

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213550438				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: MANTECH ADVANCED SYSTEMS INTERNATIONAL, INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 1/31/2013</p> <p>SCC ID NO: 02652170</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>10,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	10,000
CLASS	AUTHORIZED					
COMMON	10,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 12015 LEE JACKSON HWY</p> <p style="text-align: center;">CITY/ST/ZIP: FAIRFAX, VA 22033-3300</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: KEVIN M PHILLIPS TITLE: PRESIDENT/TREAS ADDRESS: 12015 LEE JACKSON HWY CITY/ST/ZIP/CO: FAIRFAX, VA 22033 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: KEVIN M PHILLIPS TITLE: PRESIDENT/TREAS ADDRESS: 12015 LEE JACKSON HWY CITY/ST/ZIP/CO: FAIRFAX, VA 22033	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: KEVIN M PHILLIPS TITLE: PRESIDENT/TREAS ADDRESS: 12015 LEE JACKSON HWY CITY/ST/ZIP/CO: FAIRFAX, VA 22033	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: LOUIS M ADDEO TITLE: SR VP ADDRESS: 12015 LEE JACKSON HWY CITY/ST/ZIP/CO: FAIRFAX, VA 22033 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: LOUIS M ADDEO TITLE: SR VP ADDRESS: 12015 LEE JACKSON HWY CITY/ST/ZIP/CO: FAIRFAX, VA 22033	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: LOUIS M ADDEO TITLE: SR VP ADDRESS: 12015 LEE JACKSON HWY CITY/ST/ZIP/CO: FAIRFAX, VA 22033	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ANDREW J BARATTA TITLE: VICE PRESIDENT ADDRESS: 12015 LEE JACKSON HIGHWAY CITY/ST/ZIP/CO: FAIRFAX, VA 22033 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: ANDREW J BARATTA TITLE: VICE PRESIDENT ADDRESS: 12015 LEE JACKSON HIGHWAY CITY/ST/ZIP/CO: FAIRFAX, VA 22033	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: ANDREW J BARATTA TITLE: VICE PRESIDENT ADDRESS: 12015 LEE JACKSON HIGHWAY CITY/ST/ZIP/CO: FAIRFAX, VA 22033	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				
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NAME: JUDITH L BJORNAAS TITLE: VICE PRESIDENT ADDRESS: 12015 LEE JACKSON HIGHWAY CITY/ST/ZIP/CO: FAIRFAX, VA 22033	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: SCOTT B CARLSON TITLE: VICE PRESIDENT ADDRESS: 12015 LEE JACKSON HIGHWAY CITY/ST/ZIP/CO: FAIRFAX, VA 22033 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: SCOTT B CARLSON TITLE: VICE PRESIDENT ADDRESS: 12015 LEE JACKSON HIGHWAY CITY/ST/ZIP/CO: FAIRFAX, VA 22033	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: SCOTT B CARLSON TITLE: VICE PRESIDENT ADDRESS: 12015 LEE JACKSON HIGHWAY CITY/ST/ZIP/CO: FAIRFAX, VA 22033	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				

NAME:	KEVIN CODY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12015 LEE JACKSON HIGHWAY		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033		
NAME:	MUGE CODY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12015 LEE JACKSON HIGHWAY		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033		
NAME:	BONNIE J COOK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12015 LEE JACKSON HIGHWAY		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033		
NAME:	SHERRILL I DAILEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12015 LEE JACKSON HIGHWAY		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033		
NAME:	MARLIN D EDWARDS JR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12015 LEE JACKSON HIGHWAY		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033		
NAME:	DAVID A EIDSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12015 LEE JACKSON HIGHWAY		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033		
NAME:	ERIC J EIFERT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12015 LEE JACKSON HIGHWAY		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033		
NAME:	CLAUDE W ETZLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12015 LEE JACKSON HIGHWAY		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033		
NAME:	KENNETH J FARQUHAR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12015 LEE JACKSON HIGHWAY		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033		
NAME:	MICHELLE FERRANTE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12015 LEE JACKSON HIGHWAY		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033		
NAME:	RICHARD M FISNE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12015 LEE JACKSON HIGHWAY		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033		

NAME:	EDMUND M GLABUS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	12015 LEE JACKSON HWY		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033		
NAME:	HAROLD C GOODRICH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12015 LEE JACKSON HIGHWAY		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033		
NAME:	SCOTT A HAMMEL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12015 LEE JACKSON HIGHWAY		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033		
NAME:	ASHKAN A HEMMATI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12015 LEE JACKSON HIGHWAY		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033		
NAME:	ANDRE W HICKS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12015 LEE JACKSON HIGHWAY		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033		
NAME:	DARLA D HILL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12015 LEE JACKSON HIGHWAY		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033		
NAME:	FABRIA A HOGGE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12015 LEE JACKSON HIGHWAY		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033		
NAME:	GEOFFREY A HOWARD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12015 LEE JACKSON HIGHWAY		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033		
NAME:	JOHN P IRELAND	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12015 LEE JACKSON HWY		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033-3300		
NAME:	MARK JEFFERSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12015 LEE JACKSON HIGHWAY		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033		
NAME:	MARSHALL KASTEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12015 LEE JACKSON HIGHWAY		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033		

NAME:	DANIEL J KEEFE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12015 LEE JACKSON HIGHWAY		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033		
NAME:	JOSEPH KRAUSE, JR.	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12015 LEE JACKSON HIGHWAY		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033		
NAME:	PAUL KUTTNER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12015 LEE JACKSON HIGHWAY		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033		
NAME:	JACK A LAUTENSCHLAGER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12015 LEE JACKSON HIGHWAY		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033		
NAME:	PENELOPE LEAVY-HOGLUND	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12015 LEE JACKSON HIGHWAY		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033		
NAME:	FLEETWOOD B LILLEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12015 LEE JACKSON HIGHWAY		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033		
NAME:	PATRICK L LUSK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12015 LEE JACKSON HIGHWAY		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033		
NAME:	LORRAINE T MATHUS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12015 LEE JACKSON HIGHWAY		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033		
NAME:	KARLA N MATTHEWS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12015 LEE JACKSON HIGHWAY		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033		
NAME:	DEAN L MAY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12015 LEE JACKSON HIGHWAY		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033		
NAME:	DANIEL C MCCORRY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12015 LEE JACKSON HIGHWAY		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033		

NAME:	DEAN M MCKENDRICK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12015 LEE JACKSON HIGHWAY		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033		
NAME:	MARGARITA MENTUS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	12015 LEE JACKSON HWY		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033		
NAME:	SUSAN R MYERS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12015 LEE JACKSON HIGHWAY		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033		
NAME:	ULMONT C NANTON JR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12015 LEE JACKSON HIGHWAY		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033		
NAME:	THOMAS M PAINTER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12015 LEE JACKSON HIGHWAY		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033		
NAME:	NICOLAS PAONE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12015 LEE JACKSON HIGHWAY		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033		
NAME:	MICHAEL L POLMAR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12015 LEE JACKSON HIGHWAY		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033		
NAME:	MICHAEL R PUTNAM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12015 LEE JACKSON HIGHWAY		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033		
NAME:	DAVID J ROLL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12015 LEE JACKSON HIGHWAY		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033		
NAME:	GREGORY A ROMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12015 LEE JACKSON HIGHWAY		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033		
NAME:	JAY W ROMYN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12015 LEE JACKSON HIGHWAY		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033		

NAME:	SCOTT M SCHERBENSKE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12015 LEE JACKSON HIGHWAY		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033		
NAME:	MARK SCHLOTTACH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12015 LEE JACKSON HIGHWAY		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033		
NAME:	KENNETH A SILVA, JR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12015 LEE JACKSON HIGHWAY		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033		
NAME:	RICHARD L SIMIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12015 LEE JACKSON HIGHWAY		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033		
NAME:	MICHAEL C TILLISON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12015 LEE JACKSON HWY		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033		
NAME:	MICHAEL J USTER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12015 LEE JACKSON HWY		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033		
NAME:	L WILLIAM VARNER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12015 LEE JACKSON HIGHWAY		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033		
NAME:	HENRY M VON GOETHEM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12015 LEE JACKSON HIGHWAY		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033		
NAME:	DAVID P WALLEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12015 LEE JACKSON HIGHWAY		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033		
NAME:	TAMMY L WISTOS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12015 LEE JACKSON HIGHWAY		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033		
NAME:	HUI MARKVA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	12015 LEE JACKSON HWY		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY S BROWN SECRETARY 12015 LEE JACKSON HWY FAIRFAX, VA 22033	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTINE A LANCASTER ASST SECRETARY 12015 LEE JACKSON HWY FAIRFAX, VA 22033-3300	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEORGE J PEDERSEN DIRECTOR 12015 LEE JACKSON HWY FAIRFAX, VA 22033-3300	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.					
/s/ JOHN P IRELAND SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		JOHN P IRELAND, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE		10/29/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.					